



**NOTIFICATION OF RISK**

Participants Informed Consent Form

<b>PARTICIPANTS NAME:</b>	<b>EMERGENCY CONTACT INFORMATION:</b>
Last Name:	Name:
First Name:	Day Phone:
Birthday:	Cell Phone:
	Email:

I, \_\_\_\_\_ give my consent for my child \_\_\_\_\_.  
(Print Parent’s full name) (Print Child’s full name)

to participate in \_\_\_\_\_ programs **understanding that participation in a program offered by CITY FIT SHOP INC. may result in personal injury** (including but not limited to Injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and paralysis or brain damage) **and property damage or loss**. I fully understand these risks and give my son/daughter permission to participate in the programs offered by **CITY FIT SHOP INC.** .

**RULES:**

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by **CITY FIT SHOP INC.**.

**MEDIA RELEASE:**

I hereby { } **grant** // { } **do not grant** to **CITY FIT SHOP INC.** the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form) photograph, videotape or other visual media of my son/daughter taken during the program(s) for the purpose of furthering **CITY FIT SHOP INC.**

- I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent Form in its entirety.
- I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and responsibilities.

Parents/Guardian Signature:	Date:
Witness Signature:	Witness Name:

*Personal information collected from you is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used to administer program registrations and membership management. In order to better provide you with our services, we will, from time to time, share information with **CITY FIT SHOP INC.** who perform services on our behalf. We never sell, lease or trade information about you or your accounts to other parties, unless you authorize us to do so, or unless required or permitted by privacy legislation. For more information about the collection and use of this information please contact the **CITY FIT SHOP INC.***